



**U.S. Department of Education**

***Title III, Part E, Minority Science and Engineering Improvement  
Program (MSEIP)***

**Interim Performance Report for MSEIP Grantees**

**Ed Form IPR-E2**

**Expiration date: 01/31/2003**



# U.S. Department of Education

## Interim Performance Report for MSEIP Grantees

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## **Interim Performance Report for MSEIP Grantees**

### **Introduction Letter**

May 6, 2002

Dear MSEIP Project Director:

I hope that your grant activities are going well. I am writing to remind you that your first performance report of the fiscal year is due shortly for your development grant under the Minority Science and Engineering Program, authorized by Title III, Part E, of the Higher Education Act of 1965, as amended (HEA).

As you know, we are implementing a new performance reporting system wherein the single Grant Performance Report (which was used in previous years) will be replaced with two smaller reports. The first component is an Interim Performance Report (IPR), which concentrates on grant management and will provide us with a brief, yet substantive, evaluation of your mid-year progress.

The second component is the Annual Performance Report, which will be due after the fiscal year. The annual report will focus on the outcome of your project objectives and the Government Performance and Results Act (GPRA) indicators. Both reports are designed to streamline the reporting process, making it less burdensome and above all, more useful. Coupled together, they will more effectively demonstrate the merits of the MSEIP program, and enable us to formulate responsive solutions to the difficulties that accompany your project.

In the IPR you are required to include information that demonstrates substantial progress toward meeting the objectives of the activities in your project. Since we are only halfway through the fiscal year, you will be only reporting on your progress from October 1, 2001 through March 31, 2002. The substantial progress requirement is cited in section 75.253(2)(i) of the Education Department General Administrative Regulations (EDGAR). Notice of non-competitive continuation awards will be announced by August 19, 2002.



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Please be aware that section 75.253 of EDGAR also states that non-competitive continuation awards are made if Congress has appropriated sufficient funds under the program. The program was appropriated sufficient funds to allow you to submit a FY 2003 budget. This amount appears as the FY 2003 funding level in block #6 of your Grant Award Notification.

To ensure consideration for funding, the completed performance report must be postmarked no later than **June 19, 2002**. Please mail the original and one copy to:

**U.S. Department of Education  
Higher Education Programs  
MSEIP Program  
ATTN: Interim Performance Report  
1990 K Street, NW, 6th Floor  
Washington D.C. 20006-8501**

If you have any questions regarding the completion of the IPR, please contact your program officer directly or call 202-502-7777.

Sincerely,

A handwritten signature in cursive script, appearing to read "Margarita Benítez".

Margarita Benítez

Director

Institutional Development and Undergraduate Education Services



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## **Interim Performance Report for MSEIP Grantees**

### **Instructions for the Interim Performance Report**

#### **Purpose**

Recipients of three-year discretionary Minority Science and Engineering Improvement Program (MSEIP) grants must submit an Interim Performance Report (IPR) during the second year of their grant cycle to receive a non-competing continuation award for the following year of funding. The information obtained from the IPR should demonstrate that substantial progress has been made towards meeting the project objectives outlined in your MSEIP Grant Application. Additional information may be found in Sections 74.51, 75.118, 75.253 and 75.590 of the Education Department General Administrative Regulations (EDGAR).

#### **General Instructions**

- Completion of the IPR is required for second-year recipients of three-year MSEIP development grants only, and will be completed in addition to the Annual Performance Report, which will be distributed later in the year.
- The word limits refer to the maximum amount of text that will be evaluated—if you need less space to respond, by all means do not feel compelled to meet the maximum word limits. Feel free to use bullets, tables, or other styles to clearly communicate your responses.
- Information should be reported only for the first six-months of the fiscal year (FY)—October 1, 2001 through March 31, 2002, except where projections are asked for.
- Narrative responses should be double-spaced with a 12- point font.
- The completed IPR must be postmarked no later than June 19, 2002. Please mail the original and one copy to:

**U.S. Department of Education  
Higher Education Programs  
MSEIP Program  
ATTN: Interim Performance Report  
1990 K St., NW, 6<sup>th</sup> Floor  
Washington, D.C. 20006-8501**



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## Interim Performance Report for MSEIP Grantees

### Part I: Cover Sheet

#### 1. Performance Reporting Period

This is the first six months of the fiscal year. Information requested in Parts II, III & IV of the IPR should refer to this period.

#### 2. PR/Award Number

You can find your PR/Award Number on your Grant Award Notification. Note that the MSEIP prefix of the PR/Award Number is already provided, so please fill in the last eight (8) numbers of the PR/Award Number. Please mark the appropriate box indicating the type of grant award you received (Institutional Project, Cooperative Project, or Special Project).

#### 3. Recipient Institution or Organization Information

This is the information for the entity that receives federal dollars, as stated in the Grant Award Notification. The recipient is usually an Institution of Higher Education, but due to certain legal designations, other entities may be listed. For example, the recipient of the grant funds could be a Foundation, Board of Directors, or District Office.

#### 4. MSEIP Financial Officer Contact

Please provide the contact information for the Financial Officer who works with the MSEIP project at your institution or organization. If this information is unavailable or if you do not know the Financial Officer, please give a brief explanation in the space provided in question # 16 of Part III.

#### 5. Descriptive Title of Project

This is the title of your unique project, not the MSEIP Program. It can be found on your Application for Federal Assistance (form ED 424).

#### 6. Contact Information for Project Director

Please update the contact information for the Project Director. If you need to inform the office of a change in your Project Director, please mark (X) the box and submit the resume of the current director if the appointment has not been approved by the program office. For "Project Title," fill in the director's title within the MSEIP project, not the institution's or organization's hierarchy.

#### 7. Institution and President/CEO Information

For "institution," please enter the name of the University, College, or Organization that is the subject of the grant award and the project activities. Please enter the contact information for the President or CEO of your institution or organization.



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## Interim Performance Report for MSEIP Grantees

### 8. Authorized Representatives

The Project Director or Coordinator and a representative from your institution or organization should both sign the Interim Performance Report. The representative should be someone with institution-wide or organization-wide authority, such as a dean, provost or President.

### **Part II: Executive Summary**

In narrative form, please describe the progress of your project implementation during the reporting period. This is an opportunity for you to communicate successes and difficulties in implementing your project (consider each of your project objectives and activities), and to report substantial changes that have occurred during the reporting period. For both of the topics, you should comment upon any difficulties your project has encountered, a course of action to resolve these difficulties, and a timetable for resolution. Also use this opportunity to comment upon any anticipated changes to your project. Please limit your response to a maximum of two pages. We recommend that you complete this summary last and keep in mind that this narrative should be in addition to your explanations provided in the questionnaire (Part III) and in the budget report (Part IV).

### **Part III: MSEIP Questionnaire**

Please answer the questions by marking the appropriate box (X). When applicable, additional space has been provided for you to provide explanations, or to inform the Program Office of any additional information.

### **Part IV: Interim Budget Report**

The budget report is intended to provide a brief overview of your expenditures and expected obligations. Please report the amount of your award for fiscal year (FY) 2002 in the space provided and list expenditures in the appropriate category. The expenditures should refer to federal dollars only; non-federal funds that were spent during the reporting period should not be included in the table. The single budget report is a sum of all project activities, rather than an activity-by-activity breakdown. *Please round to the nearest dollar and do not report cents.* Be sure to review the budget portion carefully, as mathematical errors will result in substantial processing delays. Once the



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### Interim Performance Report for MSEIP Grantees

chart is complete, feel free to use the space provided to comment upon specific budget issues. If necessary, incorporate additional budget commentary into the narrative portion of the report (Part II).

#### **Interim Budget Report Definitions:**

**Actual Budget (10/01/2001-09/30/2002):** The FY 2002 budget you outlined in your grant application for each of the budget categories. If the proposed budget from your application was reduced or altered by the Program Office, please use your adjusted (or revised) budget. The total costs (Row 10) should match the FY award amount from your most recent Grant Award Notification.

**Carryover from Previous FY:** The balance of unobligated funds from FY 2001 that has carried over into the current FY.

**Expenditures (10/01/2001-03/31/2002):** The amount of expenses incurred during the reporting period.

**Projected expenditures (04/01/2002-09/30/2002):** The projected amount that will be spent during the remainder of the fiscal year.

**Carryover Balance (09/30/2002):** The estimated funds that will not be spent by the end of the current fiscal year. In the budget narrative, please explain why you anticipate having carryover funds.

**Next Year's Actual Budget (10/01/2002-09/30/2003):** The budget you have planned for the next FY. The total costs (Row 10) should match the FY award amount from your most recent Grant Award Notification.

**Personnel:** The total amount spent on staff salaries, which are not part of "fringe benefits." Do not include consultants or other personnel who are not entitled to 'fringe benefits.' Include those costs under the "Other" category.

**Fringe Benefits:** Enter the percentage rate at which your institution or organization calculates fringe benefits. Also enter the total amount used for fringe benefits, converted from your institution's or organization's percentage rate into a dollar amount.

**Travel:** Total amount spent on transportation and per diem expenses during travel that is necessary and related to achieving the objectives of your project. Do not include freight costs or consultants' travel expenses. Include these costs in the "Other" category.





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**Equipment:** Total purchasing cost of all tangible personal property for both fixed and movable items. Include property having an acquisition cost of \$5,000 or more per unit. Do not include the cost for renting equipment. Include these costs in the “other” category.

**Supplies:** Total purchasing cost of all tangible personal property having an acquisition value of less than \$5,000 per unit.

**Contractual:** The total cost of contractual agreements with another institution of higher education, organization or business. Do not include costs for consultants. Include these costs in the “Other” category.

**Construction:** Total costs associated with approved construction projects (including renovation costs).

**Other:** Include all other direct costs not covered by budget categories #1-7, such as communications, freight costs (not covered in vendor purchase price), equipment rental, computer use charges, summer employment stipends, consultant costs, etc.

**Total Direct Costs:** Enter the sum of all direct costs (rows 1-8) for the budget period.

**Indirect Costs:** Enter the amount of indirect costs for the fiscal year. Use the ED-approved indirect cost rate for the institution or 8% of the total direct costs of the project, whichever is the lesser of the two. The approved rate and the base for the computation may be obtained from the business officer of the institution.

**Training Stipends:** Training stipend costs cannot be included in the total Direct costs when determining your Indirect Costs. Please enter your total costs associated with training stipends in this budget category.

**Total Costs:** Enter the sum of all costs (Rows 9-11) for the budget period.

### **Part V: Customer Service Questionnaire**

Please answer the questions and provide feedback on how the Program Office can better serve grantees. Feel free to make any comments, criticisms or suggestions as this section of the IPR will be processed separately to ensure anonymity. When you have completed Part V, please seal the questionnaire in a separate envelope marked **Customer Service Questionnaire**, and mail it with the IPR. When the Program Office receives your IPR, the customer service questionnaire will be removed from the IPR. Please note that the responses will have no bearing on funding decisions.



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### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0765. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Attn: MSEIP Program Office, 1990 K St. NW, Washington, D.C. 20006-8501.



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## Interim Performance Report for MSEIP Grantees

### Part I: Cover Sheet

**1. Performance Reporting Period:**

October 1, 2001—March 31, 2002

**2. PR/Award No. (Block 5 on Grant Award Notification)**

P031E \_\_\_\_\_

Type of Grant:

☐ Institutional ☐ Cooperative ☐ Special

**3. Recipient Institution Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip+4: \_\_\_\_\_

E-Mail \_\_\_\_\_

**4. MSEIP Financial Officer Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel. # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_

**5. Descriptive Title of Project**

**6. Contact Information for Project Director**

Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Mark here if the Director has changed since the grant application was submitted and send current resume if necessary.

**7. Institution and President Information**

Institution Name \_\_\_\_\_

President/CEO Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

President's Tel.# \_\_\_\_\_

President's E-mail: \_\_\_\_\_

**8. Authorized Representatives**

To the best of my knowledge and belief, all data in this performance report are true and correct.

\_\_\_\_\_  
Project Director Name (Typed or Printed)

\_\_\_\_\_  
Institution Representative (Typed or Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## **Interim Performance Report for MSEIP Grantees**

### **Part II: Executive Summary**

Following the guidelines from the instructions, please limit your narrative response to a maximum of two pages (which may be attached to this report).



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## Interim Performance Report for MSEIP Grantees

### Part III: MSEIP Questionnaire

#### Grant Management:

#### Additional Instructions

1.) Has there been any change to the Key Personnel or Activity Staff originally outlined in your grant application? (Key Personnel = Project Director & Activity Coordinators)

Y N  
☐ ☐

Please indicate the names and titles of the new staff. If any positions remain unfilled, please briefly (50 words or less) identify major problems and when the positions are likely to be filled.

Name \_\_\_\_\_ Project Title \_\_\_\_\_

Name \_\_\_\_\_ Project Title \_\_\_\_\_

Name \_\_\_\_\_ Project Title \_\_\_\_\_

Name \_\_\_\_\_ Project Title \_\_\_\_\_

Name \_\_\_\_\_ Project Title \_\_\_\_\_

Name \_\_\_\_\_ Project Title \_\_\_\_\_

2.) Have you submitted the resumes for all Key Personnel to the Program Office, if the resumes were not in your Grant Application?

Y N  
☐ ☐

If No, please send resumes with the Interim Report.

3.) Has the Project Director attended the most recent MSEIP Directors' meeting?

Y N  
☐ ☐

Please note date and location of meeting attended.

Name of Attendee: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_ Date: \_\_\_\_\_

4.) Has anyone else from your institution attended a MSEIP Directors' meeting?

Y N  
☐ ☐

Please note date and location of meeting attended.

Name of Attendee: \_\_\_\_\_

☐ Financial Officer ☐ President/CEO ☐ Activity Director ☐ other: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_ Date: \_\_\_\_\_



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5.) Have you made changes to your project management plan? These changes are the result of: (Mark as many as apply)

Y  
☐

N  
☐

Please briefly note the types of changes you made, including the feedback you received prior to the change.

- ☐ internal evaluation
- ☐ external evaluation
- ☐ budget demands
- ☐ survey
- ☐ staff turnover
- ☐ hiring difficulties

- ☐ consultant's recommendation
- ☐ project staff feedback
- ☐ MSEIP Program Office
- ☐ MSEIP performance reports
- ☐ institutional requirements
- ☐ other (please explain):



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6.) Are you meeting your project objectives as outlined in your grant application?

Y  
☐

N  
☐

In 600 words or less per major activity, (you may use the space provided or attach separate pages), briefly summarize your progress and what steps you are taking to overcome major obstacles to reaching this year's objectives. If applicable, please explain why activities slated for this year will be moved to a following year. When providing quantifiable evidence, please briefly restate the baseline data and your objectives.



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## Interim Performance Report for MSEIP Grantees

7.) Have you made or do you plan to make adjustments to the scope or objectives of your project?

Y  
☐

N  
☐

In 300 words or less, briefly summarize the changes you have made, or will be making to the scope or objectives of your project. This should include changes approved by the Program Office during the Reporting Period.





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8.) Do you foresee any difficulties in implementing your evaluation plan to measure the success of your project?

Y  
☐

N  
☐

In 300 words or less, please describe the challenges that you face with your evaluation plan, and your plan to overcome these challenges. Also describe your progress towards implementing an evaluation plan, and note if an external evaluator will be used.



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## Interim Performance Report for MSEIP Grantees

### Part IV: Interim Program Budget Report

Award Amount for Current Fiscal Year 2002: \_\_\_\_\_

PR/Award Number: P031E\_\_\_\_\_

Budget Categories	Actual Budget 10/01/2001 – 9/30/2002	Carryover from previous fiscal year	Expenditures 10/01/2001 – 3/31/2002	Projected Expenditures 4/01/2002 – 9/30/2002	Carryover Balance 9/30/2002	Next Year's Actual Budget 10/01/2002 – 9/30/2003
1.) Personnel						
2.) Fringe Benefits ____ %						
3.) Travel						
4.) Equipment						
5.) Supplies						
6.) Contractual						
7.) Construction						
8.) Other						
9.) Total Direct costs						
10.) Indirect costs						
11.) Training Stipends						
12.) Total Costs (Rows 9-11)						



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## **Interim Performance Report for MSEIP Grantees**

### **Part IV: Interim Budget Report (Continued)**

In 400 words or less, please provide any additional information about your budget during the reporting period (one additional page may be attached). Suggested topics that you could address include: the reasons you are not expending funds at an expected rate; significant changes to your budget resulting from modifications of project activities; and any anticipated changes to your budget for the remainder of the FY.



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### Part V: Customer Service Questionnaire

Please seal Part V of the IPR in a separate envelope and send it with your IPR to the Program

Office. Please note that responses are anonymous and will have no bearing on funding decisions.

1) How often have you visited the MSEIP Web Site  
([www.ed.gov/offices/OPE/HEP/ides/msi.html](http://www.ed.gov/offices/OPE/HEP/ides/msi.html)) during the reporting period?

| Never | 1-5 times | | 6-10 times | 11-15 times | 15+ times |

☐ ☐ ☐ ☐ ☐

Please make any suggestions on improving the web site's content and format.

2) How many times have you communicated (voice, e-mail, and mail) with the MSEIP Program Office?

| Never | 1-5 times | | 6-10 times | 11-15 times | 15+ times |

☐ ☐ ☐ ☐ ☐

2a.) Which was the most effective way to contact the Program Office?

| E-mail | | Telephone | | US Mail | | Fax | | Other (please specify) |

☐ ☐ ☐ ☐ ☐

2b.) How satisfied were you with the knowledge of the Program Officers regarding your inquiry?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐ ☐ ☐ ☐ ☐

2c.) How satisfied were you with the responsiveness of the Program Office?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐ ☐ ☐ ☐ ☐



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2d.) How satisfied were you with the courteousness of the Program Office?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐☐☐☐☐

3) How satisfied were you with the overall customer service that the MSEIP Program Office has provided?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐☐☐☐☐

Please make any suggestions as to how the Program Office can improve any facet of its service. Feel free to add an additional page if necessary.

4) How many times have you communicated (voice, e-mail, and mail) with your Department of Education Area Representative?

| Never | 1-5 times | | 6-10 times | 11-15 times | 15+ times |

☐☐☐☐☐

4a.) Which was the most effective way to contact your Area Representative?

| E-mail | | Telephone | | U.S. Mail | | Fax | | Other (please specify) |

☐☐☐☐☐

4b.) How satisfied were you with the knowledge of the Area Representative regarding your inquiry?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐☐☐☐☐



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4c.) How satisfied were you with the responsiveness of the Area Representative?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐ ☐ ☐ ☐ ☐

4d.) How satisfied were you with the courteousness of the Area Representative?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐ ☐ ☐ ☐ ☐

5) How satisfied are you with the overall customer service that the Area Representatives have provided?

| Very Dissatisfied | | Dissatisfied | | Satisfied | | Very Satisfied | | No opinion |

☐ ☐ ☐ ☐ ☐

Please make any suggestions as to how the Area Representatives can improve any facet of their service. Feel free to add an additional page if necessary.